

MEQUON HEALTHCARE CENTER
10911 NORTH PORT WASHINGTON ROAD

MEQUON 53092 Phone: (262) 241-2080
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/03): 200
Total Licensed Bed Capacity (12/31/03): 200
Number of Residents on 12/31/03: 136

Ownership: Limited Liability Company
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 142

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		27.2
Supp. Home Care-Personal Care	No					1 - 4 Years		22.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	24.3	More Than 4 Years		23.5
Day Services	No	Mental Illness (Org./Psy)	31.6	65 - 74	8.8			----
Respite Care	No	Mental Illness (Other)	3.7	75 - 84	35.3			73.5
Adult Day Care	No	Alcohol & Other Drug Abuse	0.7	85 - 94	25.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.7	95 & Over	5.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.9		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	8.1	65 & Over	75.7	-----		
Transportation	No	Cerebrovascular	17.6		-----	RNs		6.6
Referral Service	No	Diabetes	1.5	Gender	%	LPNs		12.0
Other Services	Yes	Respiratory	5.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.9	Male	30.1	Aides, & Orderlies		
Mentally Ill	No		----	Female	69.9			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	23	100.0	180	64	79.0	123	0	0.0	0	25	100.0	180	1	100.0	123	3	50.0	400	116	85.3
Intermediate	---	---	---	9	11.1	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	6.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	8	9.9	551	0	0.0	0	0	0.0	0	0	0.0	0	3	50.0	625	11	8.1
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	23	100.0		81	100.0		0	0.0		25	100.0		1	100.0		6	100.0		136	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	3.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	2.2	58.8	39.0	136
Other Nursing Homes	3.3	Dressing	3.7	73.5	22.8	136
Acute Care Hospitals	92.2	Transferring	7.4	66.2	26.5	136
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	6.6	58.8	34.6	136
Rehabilitation Hospitals	0.6	Eating	28.7	55.9	15.4	136
Other Locations	0.6	*****				
Total Number of Admissions	334	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	14.7	Receiving Respiratory Care		15.4
Private Home/No Home Health	28.9	Occ/Freq. Incontinent of Bladder	38.2	Receiving Tracheostomy Care		2.9
Private Home/With Home Health	17.1	Occ/Freq. Incontinent of Bowel	44.1	Receiving Suctioning		3.7
Other Nursing Homes	8.6			Receiving Ostomy Care		8.8
Acute Care Hospitals	19.2	Mobility		Receiving Tube Feeding		8.1
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	2.2	Receiving Mechanically Altered Diets		22.1
Rehabilitation Hospitals	1.2					
Other Locations	6.8	Skin Care		Other Resident Characteristics		
Deaths	18.3	With Pressure Sores	5.1	Have Advance Directives		47.8
Total Number of Discharges (Including Deaths)	339	With Rashes	1.5	Medications		
				Receiving Psychoactive Drugs		59.6

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 200+ Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	70.4	84.7	0.83	86.1	0.82	86.6	0.81	87.4	0.80
Current Residents from In-County	0.0	81.8	0.00	79.8	0.00	84.5	0.00	76.7	0.00
Admissions from In-County, Still Residing	0.0	17.7	0.00	24.0	0.00	20.3	0.00	19.6	0.00
Admissions/Average Daily Census	235.2	178.7	1.32	118.5	1.99	157.3	1.50	141.3	1.66
Discharges/Average Daily Census	238.7	180.9	1.32	120.4	1.98	159.9	1.49	142.5	1.68
Discharges To Private Residence/Average Daily Census	109.9	74.3	1.48	34.8	3.15	60.3	1.82	61.6	1.78
Residents Receiving Skilled Care	85.3	93.6	0.91	91.2	0.94	93.5	0.91	88.1	0.97
Residents Aged 65 and Older	75.7	84.8	0.89	90.2	0.84	90.8	0.83	87.8	0.86
Title 19 (Medicaid) Funded Residents	59.6	64.1	0.93	62.8	0.95	58.2	1.02	65.9	0.90
Private Pay Funded Residents	18.4	13.4	1.37	20.6	0.89	23.4	0.79	21.0	0.88
Developmentally Disabled Residents	0.0	1.1	0.00	0.9	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	35.3	32.2	1.10	32.9	1.07	33.5	1.05	33.6	1.05
General Medical Service Residents	27.9	20.8	1.34	20.1	1.39	21.4	1.31	20.6	1.36
Impaired ADL (Mean)	59.0	51.8	1.14	51.2	1.15	51.8	1.14	49.4	1.19
Psychological Problems	59.6	59.4	1.00	61.5	0.97	60.6	0.98	57.4	1.04
Nursing Care Required (Mean)	8.5	7.4	1.14	7.6	1.12	7.3	1.16	7.3	1.15